2006 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 27, 2006 8:00 am Secretary of State 01-27-2006 90037 021 ***150.00 DOCUMENT # S80613 DBA FINANCIAL GROUP, INC. CHOLORD Principal Place of Business Mailing Address 7985 113TH ST 7985 113TH ST SUITE 102 **SUITE 102** SEMINOLE, FL 33772 SEMINOLE, FL 33772 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 01242006 CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 59-3098271 Not Applicable Country Zio Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PIPPEN, JOSEPH F., JR Street Address (P.O. Box Number is Not Acceptable) 655 ULMERTON ROAD **BLDG, NO. 11** LARGO, FL 34641 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Van R. Brown, Pres TITLE TITLE Delete BROWN, DONALD R. NAME NAME 12599 81st Ave N. 8887-124TH WAY NORTH STREET ADDRESS STREET ADDRESS Semi ardle, FL 37772 Var K. Brown, V.P. CITY-ST-ZIP SEMINOLE, FL City-St-ZIP TITLE Delete TITLE BROWN, DONALD R. NAME NAME STREET ADDRESS 8887-124TH WAY NORTH STREET ADDRESS CITY-ST-7IP Van R. Brown, Secretary Same Van R. Brown, Treasurer CITY-ST-ZIP SEMINOLE, FL Delete TITLE TITLE BROWN, DONALD R. NAME NAME 8887-124TH WAY NORTH STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SEMINOLE, FL CITY-ST-ZIP TITLE BROWN, DONALD R. NAME NAME 8887-124TH WAY NORTH STREET ADDRESS STREET ADDRESS SEMINOLE, FL CITY-ST-ZIP CITY-ST-ZIP TITI F TITLE ☐ Delete Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered by execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

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